

JUL 26 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/11/2024	
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4			STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on July 11, 2024. The complaint was unsubstantiated (Intake #NC00219021). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000			
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	Professional Family Care Services, Inc. (PFCS) will Implement an Assessment/Habilitation Plan Policy to Address the needs of the clients. The assessment/habilitation The Policy and Procedure assessment/habilitation plan will be written and implemented by the Director of Clinical Services (DOCS). Each plan will be reviewed quarterly by the DOCS for accuracy. The plan will include the following: 1. Client/s services, goals, outcomes, achieved goal/s date/s 2. Goals achieved. 3. Strategies 4. Responsible staff 5. Date for annual review with client and/or legal guardian 6. Justification for assessment outcome and achievements 7. Written consent agreement signed by all responsible parties i.e. client and or legal guardian 8. Written document stating why consent could not be signed.	Implementation Date 07/30/2024 Completion Date 08/30/2024	

RECEIVED

JUL 26 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATE FORM *Dr. Myra Robinson*
Director of Clinical Services 7/24/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies to address unsupervised time of 1 of 2 clients (#1). The findings are:</p> <p>Review on 07/09/24 of client #1's record revealed: -Admission date of 04/01/24. -Diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder. -Person-Centered Plan and Individual Support Plan dated 03/28/24 and 04/01/24 did not include goals or strategies for unsupervised time at work and in the home.</p> <p>During interview on 07/09/24 client #1 revealed: -He worked at a local restaurant. -He had unsupervised time. -He was allowed to walk to the store.</p> <p>During interview on 07/09/24 the House Manager revealed: -Client #1 worked at a restaurant on the weekends without any staff present. -Client #1 had unsupervised time.</p> <p>During interview on 07/09/24 the Qualified Professional revealed</p>	V 112	<p>Moving forward, PFCS Director of Clinical Services will implement policy and procedures to address client/s that are permitted to have unsupervised time. The policy will include the purpose, strategies and measurable goals (SMART). This plan, goals and strategies will be added to all client/s who has unsupervised time at work and home.</p> <p>PFCS Director of Clinical Services will ensure information related to unsupervised time is added to client/s treatment plan. (PCP and/or ISP).</p> <p>The policy will be reviewed with all applicable new and existing clients. Once reviewed with client and/or legal guardian it will require a signature of understanding by client and or legal guardian and PFCS Director of Clinical Services.</p> <p>A quarterly review will be conducted by PFCS QP to ensure the policy and procedures are being met.</p>	<p>Implementatic Date <u>7/30/2024</u></p> <p>Completion Dat <u>9/1/2024</u></p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 2</p> <p>-Client #1 worked at a restaurant on the weekends without staff.</p> <p>-Client #1 had unsupervised time and was allowed to walk to the store when he wanted to.</p> <p>During interview on 07/10/24 the Clinical Director revealed:</p> <p>-Client #1 had the job before he was admitted into the facility.</p> <p>-Client #1 mainly worked on the weekends.</p> <p>-Client #1 had unsupervised time and was approved by his guardian.</p> <p>-She would ensure the information of the unsupervised time would be added to his treatment plan with the amount of time he could be unsupervised.</p>	V 112	<p>Professional Family Care Services, Inc. Residential Director will implement/update a written fire and disaster plan.</p>	Date Implemented 07/30/2024
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114	<p>A copy of each plan will be available for our local county emergency service organization, if needed.</p> <p>The plan will include all evacuation procedure routes which will also be visibly displayed in each of our facilities.</p> <p>Each staff will be given a copy of the plan to be carried at all times.</p> <p>Professional Family Care Services, Inc. (PFCS) Residential Director will develop a quarterly schedule to address each shift completing the Fire and Disaster Drills.</p> <p>In the future PFCS Residential Director will conduct in-service training to all group home staff on policies and procedures of ensuring fire and disaster</p>	Completion Date 08/30/2024

Division of Health Service Regulation

drills which will be conducted quarterly on each shift.

Written documentation will be recorded by the staff conducting the drills on each shift. The residential Director will check logs monthly and monitor all drills quarterly to ensure they are performed according to PFCS Policy.

PFCS Residential Director will ensure each facility has an available first aid kit ready for use.

A quarterly audit will be conducted by staff to ensure each facility has a first aid kit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4		STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

Division of Health Service Regulation

V 114	Continued From page 3	V 114		
<p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 07/09/24 of the facility's documented fire and disaster drills revealed: -Two fire drills had been documented from August 2023-July 2024. -No disaster drill had been documented for the 1st quarter January-2024-March 2024. -1 disaster drill was documented for the months of September 2023, July 2024 and June 2024.</p> <p>During interview on 07/09/24 the House Manager revealed: -The facility did fire and disaster drills once a month. -She did not physically document each drill for the date and time the drill was completed. -In the front of the emergency drill book was a sheet that listed each month was which type of drill to complete for that month. -She thought that was the only documentation needed.</p> <p>During interview on 07/09/24 client #1 revealed: -He completed fire and disaster drills once a month at the facility.</p> <p>During interview on 07/09/24 the Qualified Professional revealed: -The shifts at the facility are 4:00pm-12:00am and</p>		<p>Professional Family Care Services, Inc. (PFCS) Residential Director will develop a quarterly schedule to address each shift completing the Fire and Disaster Drills. (See Attachment)</p> <p>In the future PFCS Residential Director will conduct in-service training to all group home staff on policies and procedures of ensuring fire drills which will be conducted monthly on each shift.</p> <p>Monthly written documentation will be recorded by the staff conducting the drills on each shift. The documentation will have the shift, date and time for each drill. The residential Director will check logs monthly and monitor all drills quarterly to ensure they are performed according to PFCS Policy.</p>		<p>Implementa tion Date</p> <p>7/30/2024</p> <p>Completi on Date</p> <p>Ongoing</p>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4		STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

Division of Health Service Regulation

<p>V 114</p>	<p>Continued From page 4</p> <p>12:00am-8:00am.</p> <ul style="list-style-type: none"> -During the day the clients go to a day program. -The weekend shifts are 12 hour shifts for Saturday and Sunday. -Fire and Disaster drills are supposed to be completed every month. -He would ensure the staff would document each drill with the date and time the drill was completed. 	<p>V 114</p>						
<p>V 736</p>	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation of the facility on 07/09/24 at approximately 3:15pm revealed:</p> <ul style="list-style-type: none"> -Two small cracked areas in the sheetrock above the light switch next to the TV in the sitting area. -Client #2's bedroom had an unpleasant musky smell throughout the room. -3 lightbulbs in the vanity area were not working. -Above the kitchen table the ceiling was peeling. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	<p>V 736</p>	<p>Professional Family Care Services, Inc (PFCS) Residential Director will ensure all facilities grounds will be well- maintained, appealing and free from unpleasant/offensive odors.</p> <p>The Residential Director will do random monthly inspections to ensure facility grounds are properly maintained and free of offensive odor.</p> <p>PFCS will repair noted cracks and paint the entire area in an attractive manner.</p> <p>PFCS will sanitize and deep clean Client # 2 bedroom by removing all furniture, clothing and trash. Once deeply cleaned all clean items will be place back in bedroom. Any items that have a smell or odor that will not come out in the wash or deep cleaning will be replaced.</p> <p>Each client will have a list on their wall on how to maintain a clean and odor free bedroom that must be followed.</p> <p>Facility manager will do weekly bedroom checks to ensure bedrooms are clean, organized and free of unpleasant odor.</p>	<table border="1"> <tr> <td>Implementation Date</td> <td>7/30/2024</td> </tr> <tr> <td>Completion Date</td> <td>08/30/2024</td> </tr> </table>	Implementation Date	7/30/2024	Completion Date	08/30/2024
Implementation Date	7/30/2024							
Completion Date	08/30/2024							

SUBJECT: EMERGENCY/FIRE/DISASTER PLAN

Policy Number: 317

Revised 07/23/2024

POLICY

Professional Family Care Services, Inc. (PFCS) provides our employees with the necessary training and or supplies to handle basic emergencies while caring for our consumers. In addition, employees shall be trained in the fire emergency procedures as indicated below.

In the event of a fire or natural emergency (i.e.), hurricane, tornado, etc. the following protocols are placed in effect for the **Residential Facilities, Psychosocial Rehabilitation Program (PSR) and the Administrative Office**. A copy of each facility's Emergency/Fire/Disaster Plan shall be in each facility and the administrative office. Under no circumstances are consumers to be left unattended.

EMERGENCY PROCEDURE:

Professional Family Care Services (PFCS) has established emergency procedures, train/prepare for the following situations that detail appropriate actions to be taken. Ensuring the staff is prepared and knowing what to do to help the person being served and personnel to respond in all emergency situations, including those requiring evacuation.; 1. Fire, 2. Bomb threat, 3. Natural disasters, 4. Utility Failure, 5. Medical emergencies, 6. Violent or other threatening situation.

1. Professional Family Care Services will train/prepare use of primary exits and alternatives routes, to include fire extinguisher and use and location.

In the event fire is detected within any part of a PFCS facility or administrative office, proceed according to the following plan:

FIRE:

1. The person discovering the fire the first persons on the scene will:
 - A. Activate the alarm system if applicable or verbally alert the consumers, visitors or other staff.
 - B. Evacuate the area of the fire.
 - C. Shut doors and windows to confine the fire.

2. Evacuation Procedures:

- A. PFCS facility staff or other staff will:

- 1.Ensure all consumers and visitors have been evacuated from the facility.
2. Identify handicapped occupants and assign staff to assist them as to expedite their evaluation.
- 3.Leave doors open as each room is evacuated or open all doors prior to exiting the building.

PROFESSIONAL FAMILY CARE SERVICES, INC.

4. Make sure the route to fire is always unobstructed for quick movement of fire department personnel on scene.
5. After the fire department arrives, coordinate actions with senior department personnel on scene.
6. Prevent the return of staff and visitors to the affected area until re-entry is authorized by the fire department.

Professional Family Care Services staff will use primary exits and alternatives routes, to include fire extinguisher and use and location.

- a. This will include the use of evacuation plans, gathering sites and the responsibilities of all staff.
- b. Staff should understand and adhere to the needs of clients and staff participating who are deaf or hard of hearing. Those clients who may have mobility impairment, speech impairment or intellectual or developmental disabilities.
- c. Orientation and training for each facility and office should be conducted prior to the actual drill.

Assignments of Staff:

1. Staff will always assist visitors/consumers in the evaluation process.
 2. Staff will secure and take to rally point the consumer and visitors sign in sheet.
 3. Shut off appliances and secure first aid kit/medical equipment (All facilities operated by PFCS are electrically operated).
 4. Shut doors and windows before departing office area.
 5. Evacuation routes as indicated on the evacuation plan posted in each room or area are to be followed unless directed to do otherwise by Emergency Evacuation Personnel. Rally point for all consumers, visitors and staff once outside the building will exceed 50 feet from the PFCS facility or the **administrative office**. (All persons must move to rally point as not to interfere with emergency personnel and equipment).
 6. PFCS staff will account for all consumers, staff and visitors after evacuation has been completed, by review of consumer and visitors sign in sheet.
 7. PFCS staff who are first aid and CPR trained will provide rescue or emergency medical aid as required.
- Professional Family Care Psychosocial Rehabilitation Services, **PSR**, rally point for all consumers, visitors and staff once outside the building will exceed 50 feet from the Psychosocial Rehabilitation Services Program in the parking lot directly across from the building.
 - Orchard Crest Group Home rally point for all consumers, visitors and staff once outside the building will exceed 50 feet from the home, making a left turn at the driveway exit and proceeding to the wood line area.
 - The alternate rally points for all consumers, visitors and staff once outside the building will exceed 50 feet from the home, making a left turn at the driveway exit and proceeding to the entrance of the subdivision.
 - Susie Place Group Home rally point for all consumers, visitors and staff once outside the building will exceed 50 feet from the home, making a right turn at the driveway exit and proceeding to the church parking lot across the street.
 - The alternate rally points for all consumers, visitors and staff once outside the building will exceed 50 feet from the home to rear of the yard at end of the property line.

FLASH FLOODS

Safety Rules (Before the flood)

1. Keep first-aid supplies at hand.
2. Keep your automobile fueled. If electric power is cut, filling stations may not be able to operate pumps.
3. Keep a stock of food, which requires little cooking and no refrigeration. Electric power may be interrupted.
4. Keep a portable radio, emergency cooking equipment (grill and charcoal), lights and flashlights in working order.

When we receive a Flood Warning

1. Store drinking water in clean bathtubs and in various containers.
2. If forced to leave the home and time permits, move essential items to safe grounds.
3. Move to a safe area before access is cut off by floodwater.

During the Flood

1. Avoid areas subject to sudden flooding.
2. Do not attempt to cross a flowing stream where water is above your knees.
3. Do not attempt to drive over a flooded road.

After the Flood

1. Do not use fresh food that has come into contact with the floodwaters.
2. Test drinking water for portability.
3. Seek necessary medical care at the nearest hospital (Take the consumer MARs, Medicaid cards, and medications).
4. Do not visit flood areas; your presence might hamper rescue and other emergency operations.
5. Do not handle electrical equipment in wet areas.
6. Use flashlights, not lanterns or torches to examine the building; flammables may be inside.

HURRICANES

Safety Rules

Stay or leave; when a hurricane threatens your area, you will have to decide to evacuate or ride out the storm in the safety of the home. If local authorities recommend evacuation, you should leave. The following are designated shelters the group homes are assigned to:

- Orchard Crest Group Home is assigned to Highland Elementary School.
- Susie Place Group Home is assigned to Summerville Fire Station

- Patrick Group Home is assigned to Cliffdale Elementary School

NATURAL DISASTERS

Professional Family Care Services staff will train/prepare for natural disasters. Along with evaluating the safety concerns related to possible natural disasters and their potential effects on PFCS personnel, the clients and the property. Possible natural disasters are those typical of your geographic location. This might include tornadoes, severe rainstorms, hurricanes, floods earthquake ice storms.

- a. There will be at least five days of emergency supplies, which will include drinking water, non-perishable food, flashlights, batteries, battery operated radio, first aid kit.
- b. Each facility and office of PFCS will know where to evacuate to a shelter if needed.
- c. In case of a natural disaster approaching, staff will ensure all clients have at least ten days of medication on hand.
- d. Orientation and training for each facility and office should be conducted prior to the actual drill.

MEDICAL EMERGENCY

Professional Family Care Services will train/prepare for a medical emergency, such as fall, severe cut, or allergic reaction, loss of consciousness due to a change in blood pressure. This will also include stroke, cardiac event, or medication misuse, or suicidal ideation.

- a. Staff will become familiar with clients' medical needs.
- b. All staff will be trained on CPR and first aid.
- c. Staff will be familiar with emergency on call plans
- d. Staff will know who to notify in case of an emergency. Hospital plans for clients be served.
- a. Orientation and training for each facility and office should be conducted prior to the actual drill.

VIOLENCE OR OTHER THREATING SITUATIONS

Professional Family Care Services will train/prepare violent or other threatening situations. This may include explosions, biochemical threats, acts of terrorism, use of weapons, and aggressive or assaultive behaviors of persons served or visitors.

- a. Establish training requirements for staff and clients.
- b. Staff will establish risk assessment factors for each facility.
- c. Assessment and identification of individual needs of person served.
- d. Orientation and training for each facility and office should be conducted prior to the actual drill.

UNANNOUNCED TEST OF EACH EMERGENCY PROCEDURE

- a. Is conducted at least annually
 1. On each shift
 2. At each location
 - b. Includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill
 - c. Is analysis for performance that addresses.
 - (1). Areas needing improvement
 - (2). Actions to address the improvement needed.
 - (3). Implementation of the action
 - (4). Necessary education and training of personnel.
 - (5). Whether the actions taken accomplished the intended results.
2. **The following schedule will be adhered to monthly to ensure all unannounced tests are completed at least yearly, on each shift, and at each location at Professional Family Care Services group homes and offices. Per Department of Health and Human Services, fire drills are to be conducted quarterly per every shift.**
- a. January: **Fire Drill**-First, second shift, third
 - b. February: **Bomb Threat**-First, and second shift
 - c. March: **Natural Disaster**, and second shift
 - d. April: **Utility Failure**-First, and second shift
 - e. May: **Medical Emergency**-First and second shifts
 - f. June: **Fire Drill** First, second shift, third and **Violent or another threatening situations**-First
 - g. July: **Fire Drill**-second and third shift
 - h. August: **Bomb Threat**-third shift
 - i. September: **Natural Disaster**-third shift
 - j. October: **Utility Failure**-third shift
 - k. November: **Fire Drill**- First, second third shift
 - l. December: **Violent or another threatening situation**-third shift

1 Signs are posted for each facility/ school. You should take all consumers' medications, MARS, and Medicaid cards with you. Additionally, you should take enough clothing to last for three (3) days for each consumer. Contact the on-call supervisor to inform them of your situation; for medical emergencies, contact the on-call nurse for instructions.

2. When a hurricane watch is issued for your area, check often for official bulletins on radio and TV. Fuel your car; check supplies, special medicines and drugs. Check batteries for radios and flashlights. Secure loose materials outdoors. Tape, board, or shutter windows to prevent shattering. Wedge sliding glass doors to prevent lifting from the tract.

3. When a hurricane warning is issued in your area, stay home if the house is sturdy and on high ground. Board up the garage and porch doors; move valuables to upper floors if available; fill containers and bathtub with several days of drinking water; turn up the refrigerator to maximum cold and do not open unless necessary; use telephone only for emergencies; stay indoors on the downwind side of the house away from windows; beware of the eye of the hurricane.
4. After the "all clear" is given, drive carefully and watch for dangling electrical wires. Do not sightsee. Report broken or damaged water, sewer, and electrical lines. Use caution re-entering the home. Check for gas leaks, food and water spoilage.

TORNADOS

Safety Rules

1. When a tornado threatens, stay away from windows, doors, and outside walls.
2. Protect your head. If you are in the home and have time before a tornado strikes, open some windows on the side of the home away from the approaching tornado.
3. Inside the home, seek shelter away from windows and doors (i.e.), hallways, bathrooms, closets,
4. If you are outdoors with no shelter, lie flat in a nearby ditch and shield your head with your arms.

WINTER STORMS

Safety Rules

1. Prior to the siege of winter, all battery-powered equipment should be checked.
2. Make sure that heating fuel and food supplies are adequate for long, non-shopping periods.
3. During stormy weather, keep consumers indoors. If you must go outdoors, check consumers to make sure they are wearing protective clothing in layers.
4. Make sure consumers have appropriate clothing for winter weather. Note that mittens snug at the wrists are much better protection than fingered gloves.

LIGHTNING

Safety Rules

1. First-aid should be rendered to those individuals who are not breathing within four to six minutes to prevent irrevocable brain damage.
2. Mouth to mouth resuscitation should be administered once every five seconds to adults and once every three seconds to infants and small children.

PROFESSIONAL FAMILY CARE SERVICES, INC.

3. If the victim is not breathing and has no pulse, CPR is necessary. This is a combination of mouth-to-mouth resuscitation and external cardiac compression. This should only be administered by a person or persons with proper training.
4. Medical attention should be given to victims who appear only temporarily stunned or otherwise appear unhurt, since there may be hidden effects. Contact the on-call nurse.

BOMB THREATS

1. The staff or any person taking the telephone call will attempt to gain all possible information from the caller: where the bomb is in the building, when it will explode and if there is more than one (1) bomb. The message taker will also note the sex, age, voice tone (as near as possible) and what the exact threat is.
2. A "CODE YELLOW" should be given over the public address system to notify the staff a bomb threat was received and the fire alarm will ring. All two-way radios should be immediately shut off. Staff members should quickly check areas for any "strange" boxes or packages (i.e., attaché cases) that do not belong in the area. **DO NOT TOUCH ANY SUSPICIOUS PACKAGE.** Report any such item to the Administrator at the administrative office, and to the Group Home Manager/ Group Home Supervisor, if at Residential facility after everyone has left the building.
3. The Group Home Manager/ Group Home Supervisor/ **Administrative staff** will sound the fire alarm and evacuate the building(s).
4. 911 should be called immediately. The Professional Family Care Services Administrative Office, (910) 485-0085, and the Health and Safety Officer, Leon Robinson (910) 920-7685 should be notified immediately.
5. The Administrator/Group home manager/supervisor will check to ensure everyone has left the building(s).
6. Staff members responsible for rallying clients will make a roll call check to ensure everyone is accounted for. Names of missing clients/staff members will be relayed to the Administrator and/or Health and Safety Officer.
7. Staff members will then escort the clients to a predetermined staging area that is a safe distance from the building and wait for further instructions.
8. The Administrator and/or Health and Safety Officer will meet with the police, fire and public safety officials when they arrive and assist them as needed.
9. After the search is completed, the Administrator, Health and Safety Officer, Group Home Supervisor, and local law enforcement will determine if the building should be reentered.
10. If the building cannot be reentered, the clients will be moved to the closest available facility that can safely house them.
11. If the decision is made to move clients to an alternate location, transportation will be arranged.
12. When a bomb threat is made during inclement weather, transportation will be arranged immediately.
13. No one shall reenter the building unless the all clear is sounded by a voice command. No electronic devices shall be used to recall clients into the building.
14. Within a 24-hour period, Professional Family Care Services, Inc. staff, the Administrator and

PROFESSIONAL FAMILY CARE SERVICES, INC.

Health and Safety Coordinator will go over the events of the day. Revisions will be made to the PFCS, Inc. bomb threat evacuation plan, as needed based on the information gathered at that meeting.

15. One bomb threat drill shall be conducted each year.
16. Each facility has a site for temporary evacuation. This site will follow PFCS emergency procedure guideline.
17. Staff who would likely receive the threatening call. (See attached **staff checklist for a bomb threat**)
18. Any bomb threat to a facility or office the local law enforcement office will be contacted immediately. Information given will come from bomb threat communication checklist.
19. Orientation and training for each facility and office should be conducted prior to the actual drill.
- 20.

UTILITY FAILURES

In the event of a major utility failure during regular work hours (8:00 a.m. through 5:00 p.m., Monday through Friday) IMMEDIATELY notify the **Health and Safety Officer, Leon Robinson @ (910) 920-7685**.

If there is potential danger to building occupants, or if the utility failure occurs after hours, weekends, or holidays, notify the **Health and Safety Officer, Leon Robinson @ (910) 920-7685**.

1. EVACUATE THE BUILDING IF THERE IS POTENTIAL DANGER. ASSIST THE
2. HANDICAPPED IN EXITING THE BUILDING! Smoke is the greatest danger in fire, so stay near the floor where the air is less toxic.
3. Once outside, move to a clear area that is at least 500 feet away from the affected building(s). Keep streets, hydrants, and walkways clear for emergency vehicles and crews. Know your assembly points.
4. DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by an authorized public official and/or the Health and Safety Coordinator.
5. Staff should be knowledgeable of health risk of staff and clients during these emergencies.
6. Staff should be knowledgeable of cooking and eating requirements of all clients in their facilities.
7. There will be at least a five day of emergency supplies; which will include drinking water, non-perishable food, flashlights, batteries, battery operated radio, first aid kit. Each facility and office of PFCS will know where to evacuate to a shelter if needed. This site will include follow PFCS emergency procedure.
8. Have extra battery packs for electric wheelchairs, breathing devices, and other electric life devices.
9. Each facility will check properties, for potential hazards and effecting preventive measures when possible, such as tree trimming.
10. Staff should be knowledgeable of health risk of staff and clients during these emergencies.
11. Staff should be knowledgeable of cooking and eating requirements of all clients in their facilities.

12. There will be at least a five day of emergency supplies; which will include drinking water, non-perishable food, flashlights, batteries, battery operated radio, first aid kit.
13. Each facility and office of PFCS will know where to evacuate to a shelter if needed. This site will include follow PFCS emergency procedure.
14. Have extra battery packs for electric wheelchairs, breathing devices, and other electric life devices.
15. Each facility will check properties, for potential hazards and effecting preventive measures when possible, such as tree trimming.
16. Orientation and training for each facility and office should be conducted prior to the actual drill.

Orientation and training for each facility and office should be conducted prior to the actual drill.

IMPORTANT: After any evacuation, report to the designated area assembly point. Stay there until an accurate head count is taken. The Health and Safety Coordinator will take attendance and assist in the accounting for all building occupants.

Medical Readiness:

Each client will complete a Client Emergency Information form at the time of admission with emergency contact information identified. Each client will also provide IPFCS with their primary physician's name and phone number. Additionally, a written consent, which grants permission to seek emergency medical care from a hospital or physician, shall be obtained from the consumer or legally responsible person. Each facility shall have a basic first aid kit for direct care staff to have accessible for use.